



SCHWEINFURT LEGAL CENTER CLAIMS OFFICE

POV SHIPMENT INSTRUCTION PACKET

Customer Service Hours:

1300-1630 Monday thru Thursday 1300-1500 on Friday CLOSED ON ALL GERMAN AND AMERICAN HOLIDAYS

TO FILE A CLAIM AND STOP THE 2 YEAR DEADLINE (STATUTE OF LIMITATION), YOU MUST PROVIDE US WITH A WRITTEN DEMAND FOR COMPENSATION. HOWEVER, IN ORDER TO RECEIVE PAYMENT YOU MUST PROVIDE ALL OF THE FOLLOWING DOCUMENTS: (all necessary blank forms are enclosed in this packet)

DD FORM 1842

This form must be completed as demonstrated in the enclosed sample. Please complete all applicable blocks. The "amount claimed" block must show an amount in U.S. Dollars. The form must be signed and dated by the service member or authorized person. A statement from a service member authorizing the spouse to sign the claim for him/her suffices. All other authorized persons should present a power of attorney for this purpose. If the two year statute of finalizing your claim is approaching, and you do not have all other required documents in order, you can start your claim by filing this form only.

DD FORM 1844

A sample for this form is also enclosed. Please complete blocks 1 thru 13 on this form. Please ensure the first line of the blocks 5 thru 10 contain all information about your vehicle, i.e. year, model, purchase price and purchase date. Please list all damage to your vehicle by individual part line by line, i.e. all damage to the bumper on one line, on the next line, list all

[Updated April 2009]

damages to the roof, etc. Damage other than body damage, i.e. muffler, stereo, etc., should also be listed on a line by line basis. DO NOT OBTAIN AN ESTIMATE OF REPAIR UNLESS DIRECTED BY THE CLAIMS OFFICE. The Claims Office must inspect your vehicle first. This office cannot reimburse estimate fees if a repair estimate was obtained without instructions. If the damage to your vehicle is considered to be minor cosmetic damage (hairline scratches, small chips, surface scratches, etc.), repair cost will not be awarded but you can claim for a reasonable loss of value (LOV) to your vehicle. The LOV claimed cannot exceed \$100.00 per part of the vehicle. Please annotate "LOV" next to the amount claimed. If instructed to obtain a repair estimate, ensure it is itemized, meaning damage and repair cost to each part of the vehicle must be listed separately. If you have to pay estimate fees, ensure you keep the receipt and list it on DD Form 1844 to get reimbursed for it. If the repair shop deducts the estimate fee upon repair, we will not grant reimbursement. If you are unable to understand your estimate, please come to our office and we will help you to complete block 11.a on DD Form 1844. If you are claiming for the replacement of an item and the value of the item is \$100.00 or more, you need to substantiate this cost. The most valuable form of substantiation is the receipt for the item claimed. Cashed checks or credit card statements serve the same purpose. If you cannot furnish these documents, you still need to obtain a price quote. You may use our catalogs or ask the local PX, the AAFES garage or local merchants to quote the price for you. Under the NATO SOFA, you are not subject to the 19% Value Added Tax. This tax, even though it may be listed on your estimate, is not payable. For more information please obtain forms from the Tax Relief Office in Building 206 on Ledward Barracks.

VEHICLE INSPECTION AND SHIPPING FORM

You received this form when you turned in your vehicle at the port. Pre-existing damage to your vehicle and damage noted upon delivery was annotated on this form. When you turn in your claim, we will provide you with a copy of this form. You must keep this form in order to ship your vehicle back to the United States.

PCS ORDERS

We need a complete set of your orders authorizing shipment of your POV. They should include all orders transferring you from your old duty station to Schweinfurt.

USAREUR AUTOMOBILE REGISTRATION

Please bring us your USAREUR automobile registration. We will make a copy of it for your claim.

YOUR VEHICLE

We will inspect your vehicle for visible damage in order to determine if you have to provide an estimate of repair or if the damages are considered minor and cosmetic, in which case an estimate of repair is not necessary and estimate fees claimed will not be reimbursed. The car should be clean so any damage is clearly visible.

PRIVATE INSURANCE

- 1. If you have private insurance covering your property during shipment, you **DO NOT HAVE TO FILE** with your private insurance company before you can be paid by the Army, **IF** your claim is for loss or damage to your personal property while it was being transported or stored at government expense. The change of policy is limited to this type of claim, because we can usually recover the amount paid to the claimant from the carrier or warehouse that is responsible for the loss or damage.
- 2. On all other types of claims for loss or damage incident to service (e.g. theft, vandalism, loss in quarters), you MUST FILE with your private insurance before you can be paid by the Army. If you do not file with your private insurance for these types of losses, you will not be paid by the Army for any item for which your private insurance might have paid.
- 3. You may not be paid by both the Army and your private insurance company for the same item. This would be unjust enrichment and possible fraud.

POWER OF ATTORNEY

Family members/authorized persons need to provide a Power of Attorney (POA) or a written statement (see outline DD Form 1842).

THIS CONCLUDES YOUR CHECK LIST

Just a few more things we want you to know:

REMEMBER: The accuracy of your paperwork will determine how quickly you receive a fair settlement for your loss/damage. Help us to help you. Should you have any questions or need assistance with your paperwork, do not hesitate to visit our office or call us at DSN **353-8809** or Civilian **09721-96-8809**.

MOST CLAIMANTS ARE HONEST. HOWEVER, CASES OF SUSPECTED FRAUD WILL BE INVESTIGATED THROUGH APPROPRIATE CHANNELS, AND MAY LEAD TO UCMJ ACTION.

BODY SHOPS/CAR DEALERS

NAME	ADDRESS	CITY	PHONE #
Peter Hellmuth	Alois Türk Strasse 30	Schweinfurt	09721-85080
Peter Hessler	Ludwigstrasse 28	Niederwerrn	09721-48518
KFZ Stephan	Hauptstrasse 1-3	Poppenhausen	09725-71220
Franco Angelicchi	Handwerkerstrasse 7	Sennfeld	09721-609448
Gäb (Seat)	Am Lagerhaus 1	Oberwerrn	09726-91010
Faber (Toyota)	Alte Bahnhofstrasse 2	Schweinfurt	09721-13330
Peter Bach (BMW)	Carl-Zeiss Str.9	Schweinfurt	09721-60681
Saalmüller (Ford)	Robert-Bosch-Strasse 14	Schweinfurt	09721-65040
Vossiek (VW/Audi)	Deutschhöfer Strasse 45	Schweinfurt	09721-717071
AAFES Garage	Conn Barracks	Schweinfurt	09721-82539
Auto Jacob (Chrysler)	Porsche Strasse 3	Schweinfurt	09721-76580

SADDLERY SHOPS

Burlein	Am Vogelschuss 13	Schweinfurt	09721-22988
Wehner	Lilienthalstrasse 10	Schweinfurt	09721-69448

THIS LIST IS PROVIDED AS A COURTESY TO OUR CUSTOMERS AND DOES NOT CONSTITUTE NOR SHOULD IT BE CONSTRUED AS A WARRANTY OR ENDORSEMENT OF THESE PRIVATE ORGANIZATIONS LISTED.

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	PROPERTY
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CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE	k for Privacy Act Statement and In	4.	6. CURRENT MILITARY DUTY ADDRESS (If applicable) (Street, City. State and 2g Code) UNIT, CMR #, BOX #, APO AE 00000	DUTY TELEPHONE NO. (Include area cade) 9. AMOUNT CLAIMED 000-0000 \$0.00	. CIRCUMSTANCES OF LOSS OR DAMAGE (Explain in detail. Include dair, place, and all relevant facts. Use additional sheets if necessary.) FILL IN THE BLANK SPACES ON THE ORIGINAL DD FORM 1842 WITH INFORMATION PERTAINING TO YOUR MOVE.	ROM FORT , TO SCHWEINFURT, GE,	ON . I PICKED UP MY VEHICLE AT	DAMAGE WAS NOTED AND VERIFIED ON THE VEHICLE	INFURT PROCESSING PERSONNEL.			PROPERTY? (E.g., say "Yes" on a shipment or quarters claim if you on a vehicle claim if you had vehicle insurance. Attach a copy of	HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? (If "Yes," attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)	13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? (If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)	DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)	WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS! (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)	AS PART OF SUBMITTING MY CLAIM:	If any missing items for which I am claiming are recovered, I will notify the office paying this claim. (For shipment claims.) Missing ite were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent	cked all rooms in my dwelling to make sure nothing was left behind. I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming:	authorize my insurance company to release information concerning my insurance coverage. I authorize the United States to withold from my pay or accounts of any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reflance on information which is determined to be incorrect or	the incident for which I am claiming. I understand th			- CLAIMS APPROVAL (To be completed by Claims Office)	AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has	fures as prescribed by the controlling is substantiated:	ING AUTHORITY		f. SIGNATURE OF APPROVING AUTHORITY	
CLAIM FOR LOSS OF OR DAMAGE	PART 1 - TO BE COMPLETED BY CLAI	1. NAME OF CLAIMANT (Last, First, Middle Initial) 2. DOE, John R.	5. HOME ADDRESS (Street, City, State and Zip Code) GERMAN ECONOMY ADDRESS	7. HOME TELEPHONE NO. (Include area code) 8. 00000-000000	10. CIRCUMSTANCES OF LOSS OR DAMAGE (Explain in detail. Include date, place, and all relevant facts. FILL IN THE BLANK SPACES ON THE ORIGINAL DD FORM 1842 WITH INFORN MOVE.	PURSUANT TO ORDERS TRANSFERRING ME FROM FORT	TURNED IN MY VEHICLE AT	SCHWEINFURT, GE, ON DAM.	INSPECTION AND SHIPPING FORM BY SCHWEINFURT PROCESSING PERSONNEL			 ID DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? (E.g., say "Yes" on a shipment or quad transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance, your policy.) 	12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? (If "Yes," attach a copy of your correspondence have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)	13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR a copy of your correspondence with the carrier or warehouse firm.)	14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER FAMILY MEMBER? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart,	15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELE OR BUSINESS? (If "Yes," indicate this on your "List of Pr	16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM:	If any missing items for which I am claiming are recovered were packed by the carrier; they were owned prior to shipmen	checked all rooms in my dwelling to make sure nothing was left behind. I assign to the United States any right or interest I have against a ca	authorite my insurance company to release information concerning my insurance coverage, authorize the United States to withhold from my pay or accounts for any payments m the extent I am paid on this claim, and for any payment made on this claim in reliance on in	untrue. I have not made any other claim against the United States for information I provide as part of my claim is false, I can be prosecuted.	17. SIGNATURE OF CLAIMANT (or designated agent)	PLEASE SIGN HERE		19. PROCEDURE (X one) 20. AMOUNT AWARDED. The claim a. SMALL CLAIMS the claimant is a proper claiman		21. SIGNATURES (Signatures at a and c not required if small clotms procedure is utilized) a. CLAIMS EXAMINER c. REVIEW		e. TYPED NAME AND GRADE OF APPROVING AUTHORITY	
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YES NO

CLAI	M FOR LOSS OF	OR DAMAGE T	O PERSONAL P	ROPERTY INCIDEN	NT TO SERV	/ICE	
PAR	RT I - TO BE COMPL	ETED BY CLAIM	ANT (See back for	Privacy Act Statement	and Instruction	ne l	
1. NAME OF CLAIMA	NT (Last, First, Middle Ini	tial) 2. BR	ANCH OF SERVICE	3. RANK OR GRADE	4. SOCIAL	SECURITY N	UMBE
5. HOME ADDRESS (S	Street, City, State and Zip	Code)	6. CURREN	NT MILITARY DUTY AD Zip Code)	DDRESS (If appli	licable) (Street,	City,
7. HOME TELEPHONE	NO. (Include area code)	8. DU	TY TELEPHONE NO	. (Include area code)	9. AMOUN	IT CLAIMED	
10. CIRCUMSTANCES	OF LOSS OR DAMAGE	(Explain in detail In	sclude date, place, and		n municipality was		[2]
				an relevant racts. Use add	ditional sheets if	necessary.)	
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11. DID YOU HAVE PRIN had transit, renter's your policy.)	VATE INSURANCE CO or homeowner's insur	VERING YOUR PRO ance; say "Yes" on	OPERTY? (E.g., say o a vehicle claim if y	"Yes" on a shipment of ou had vehicle insuranc	r quarters clair ce. Attach a c	m if you YE	S NO
12. HAVE YOU MADE A have insurance cove	any your loss, you me	ist submit a deman	d before you submit	t a claim against the Go	overnment.)	turcle as and	I desc
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17. SIGNATURE OF CLA	IMANT (or designated ag	rent)	MENTAL PAYER	DENIAL ON SWIPE	и тяло	18. DATE SIG	
	PART II -	CLAIMS APPROV	VAL (To be complet	ed by Claims Office)		To Minima 1	
a. SMALL CLAIMS b. REGULAR CLAIMS	the claimant is a been verified in a departmental reg	DED. The claim is proper claimant; the accordance with ap ulation; and the fol	cognizable and mer ne property is reasor plicable procedures llowing award is sub	torious under 31 U.S.C	an han	\$	
21. SIGNATURES (Signature a. CLAIMS EXAMINER	ires at a and c not require					1400 Files	
ALCOHOLOGICAL CONTROL		b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AL	JTHORITY	d	I. DATE SIGNED (YYYYMMDD)	
e. TYPED NAME AND GRAI	DE OF APPROVING AUTH	ORITY	f. SIGNATURE OF	APPROVING AUTHORITY	g	J. DATE SIGNED	

PRIVACY ACT STATEMENT

AUTHORITY: 31 U.S.C. 3721, and EO 9397, November 1943 (SSN).

PRINCIPAL PURPOSE(S): Filing, investigation, processing and settlement of claims for losses incident to service.

ROUTINE USES:

- a. Information is principally used to provide a legal basis for the administrative payment of claims against the Government. Information is also used in connection with:
- (1) Recovery from common carriers, warehouse firms, insurers and other third parties.
- (2) Collection from claimants of improper payments or overpayments.
- (3) Investigation of possible fraudulent claims.
- (4) Possible criminal prosecution by the Department of Justice or other agencies if fraud is established.
- b. Social Security Numbers are used to assure correct identification of claimants in order to assure payment to the proper claimant and avoid duplication of claims.

DISCLOSURE: Voluntary; however, failure to supply information will cause delay in settlement and may result in denial of a portion or all of the claim.

INSTRUCTIONS TO CLAIMANTS

- You must submit your claim in writing within two years of the date of the incident giving rise to the claim.
 This two year time limitation may not be waived.
- 2. The claimant or an authorized agent must complete and sign Part I of this form, answering all questions. If the claim is signed by an agent (such as a spouse) or a survivor of a deceased proper claimant, that person must have a document showing his or her authority to present the claim, such as a power of attorney, etc.
- 3. If the claim is for property lost or damaged while being shipped or stored pursuant to travel orders, submit copies of your orders and all shipping documents, including your inventory and your "Joint Statement of Loss or Damage at Delivery/Notice of Loss or Damage," DD Forms 1840/1840R. If you notice damage after delivery, you must complete the DD Form 1840R and get it to the Claims Office within 70 days after delivery.
- 4. You may obtain further information from a Claims Office.

- 5. You are entitled to claim the following:
- a. Reasonable local repair cost, if an item can be economically repaired. (You may claim small amounts without an estimate. Otherwise, submit an estimate of repair from a repair firm or, if repairs have been completed, your receipt. The claims office may waive this in appropriate cases.)
- b. Reasonable local replacement cost if an item is missing, destroyed, or not economic to repair. (Replacement costs may be obtained from commercial catalogs or a military exchange. If you cannot find the item in a catalog or the exchange and the cost is more than \$100.00, obtain a statement from a commercial firm for the cost of a similar item. If you have purchase receipts, bring these to the Claims Office as well.)
- c. Reasonable cost of obtaining local estimates of repair, if the cost of such estimates will not be credited if repair work is done. (Normally, you may not claim appraisal fees.)

PART III - DENIAL OR SUPPLEMENTAL PAYMENT (To be completed by Claims Office) 24. SUPPLEMENTAL PAYMENT (X and complete if applicable) 23. DENIAL (X if applicable) The claim is not cognizable or meritorious under 31 U.S.C. The claim is cognizable and meritorious under 31 U.S.C. 3721, and the following 3721 and the applicable provisions of the controlling additional award is substantiated: departmental regulation, and is denied. 25. SIGNATURES c. REVIEWING AUTHORITY **b. DATE SIGNED** d. DATE SIGNED a. CLAIMS EXAMINER (YYYYMMDD) (YYYYMMDD) 25. APPROVING/SETTLEMENT AUTHORITY (Settlement Authority is required for denial.) b. GRADE **b. SIGNATURE** c. DATE SIGNED a. TYPED NAME (YYYYMMDD)

וייסיי, וייסי, ווויסוד ווווומון		S. FICK-OF DATE	(MDD)	LIST	OF PRO	LIST OF PROPERTY AND CLAIMS ANALYSIS CHART	CLAIMS /	ANALYSIS CH	ART		
CLAIMANT'S INSURANCE COMPANY (If application)		4. DELIVERY DATE		14. ORIGIN CONTRACTOR	17. 2ND	17. 2ND CONTRACTOR 21. CLAIM NUMBER	21. CLAIM NUMBER	NUMBER Office		/W/TW T	YCAR
a. NAME b. POLICY NO.	Y NO.			10				NOWIDEN	22. NE	ZZ. NET WT/MAX CAR	X CAR
6. 7. QTY		9. ORIGINAL 11. COST CLA	11. AMOUNT CLAIMED a. Repair (or)	15. INVENTORY DATE	18. EXC	18. EXCEPTION SHEET DATE (YYYYMMDD)	23. GBL N	GBL NUMBER	24. LO	LOT NUMBER	35
NO. model and size. List the nature and extent of damage. If missing, state "MISSING.")	NO.	MM/YYYY PURCHASED		16. EXCEPTIONS	19. 20. NO.	EXCEPTIONS	25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	TEM WT	28. HOUSE	29. CARRIER
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12. DEWARNS	13. TOTAL	TAL \$				30. TOTAL \$ AMOUNT ALLOWED		31. THIRD PARTY LIABILITY	TY S	40	
DD FORM 1844, MAY 2000		PREVI	OUS EDIT	PREVIOUS EDITION IS OBSOLETE.			-	Page	ge	9	Pages

BANK PAYMENT INFORMATION (EFT)

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 USC 3322 and CFR 210. This information will be used by the Treasury Department to transmit payment data by electronic means to your financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Electronic Funds Transfer method.

1. I request my claim payment to be sent to the Financial Institution listed below. (Payment will not be processed until all blanks are filled in properly and service member initialed all blocks.)

	STRUCTION: ial on each line of account information for verification.
NAME O	F ACCOUNT HOLDER (CLAIMANT)
() Initials	BANK NAME:
() Initials	ROUTING NUMBER:
() Initials	ACCOUNT NUMBER:
	() CHECKING () SAVINGS ** INITIAL ONE**
3. I ack	knowledge the above account information is accurate and that my bank account ain open.
	derstand that I am responsible for notifying the Finance Office if my account ion changes.
	X SIGNATURE
	PRINT LAST NAME, FIRST, MIDDLE INITIAL
	X
	DATE

PHONE NUMBER

EMAIL ADDRESS: